January 17, 2013

State of Utah
Department of Natural Resources
Division of Oil, Gas, and Mining
P O Box 145801
Salt Lake City, UT 84114-5801

RECEIVED
JAN 2 2 2013

DIV. OF OIL, GAS & MINING

Re: Wah Wah Red 2, Permit ID S270108

Dear Gentleperson,

Please see attached copy of letter that was sent on January 4, 2013 indicating the my claims have been forfeited.

If you have any questions, please call me at 801-231-4401. Thank you

Sincerely

Donald R. Mayer

encl

January 4, 2013

State of Utah Department of Natural Resources Division of Oil, Gas, and Mining P O Box 145801 Salt Lake City, UT 84114-5801

Re: Wah Wah Red 2, Permit ID S270108

Dear Gentleperson:

I did not receive my renewal notice from the Federal Government last year, and so I never sent the payment to them, so they forfeited my claims.

Therefore, please close this permit I have not removed one rock or stone since I owned this claim.

Please contact me at 801-231-4401, if you have any questions.

Donald R Mayer

Sincerely



Gary R. Herbert Governor MICHAEL R. STYLER Executive Director JOHN R. BAZA Division Director

State of Utah DEPARTMENT OF NATURAL RESOURCES

DEPARTMENT OF NATURAL RESOURCE DIVISION OF OIL, GAS AND MINING

1594 West North Temple, Suite 1210 PO Box 145801 Salt Lake City, Ulah 84114-5801 801-538-5340 801-359-3940 (Fax) 801-538-7223 (TDD)

MAYER, DON P O BOX 709210 SANDY UT 84070

AT	FNT	!ON:	DON	MAY	/FR
4 4		1011		1417	> \

ANNUAL PERMIT FEE	Annual Permit Fees	for Jan 201	2 thru Dec. 2012
SITE NAME	PERMIT ID	ACRES	BILLING DATE
WAH WAH RED 2	S270108	NA	01/20/2012
PERMIT TYPE	PERMIT STATUS		2
SMALL MINING OPERATION < 5 ACRES	ACTIVE		ANNUAL FEE
			\$ 150

DUE DATE	AMOUNT DUE	
01/31/2013	\$ 150	

Please retain this portion for your records. For billing Information call (801) 538-5291

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED	PROJECT NAME	PERMIT ID	
MAYER, DON	WAH WAH RED 2	\$270108	
DUE DATE ANNUAL FEE AMOUNT DUE	FEE ENCLOSED	FEE NOT ENCLOSED*	
01/31/2013 \$ 150 \$ 150	Approval to mine or conduct exploration is automatically withdrawn if annual		

DIVISION OF OIL GAS AND MINING 1594 WEST NORTH TEMPLE SUITE 1210 PO BOX 145801 SALT LAKE CITY UT 84114-5801 If reclamation is complete, please submit form MR-SITE to request either a full or partial release. The permit fee is not required if the entire site has been regraded and seeded; The Division will verify the reclamation work.

Forms and other permit-related information are

Forms and other permit-related information are available on the Web at http://ogm.utah.gov/minerals or you can call (801) 538-5291 for more information.

Please make check payable to:
Division of Oil, Gas and Mining

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple - Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801 Telephone: (801) 538-5291 Fax: (801) 359-3940

SMALL MINING OPERATIONS PROGRESS REPORT January 1, 20___ to December 31, 20___

The information required in this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, and the rules as under the Utah Minerals Regulatory Program. The report is due January 31 each year.

	I.	Mine Permit Number:	
	2.	Mine Name:	
	3.	Name of Operator/Permittee: Note: If Operator's address, company representative or phone number have chan for the Notice of Intention together with form MR-REV available on the Division https://fs.ogm.utah.gov/pub/MINES/Minerals_Related/FORMS/MR-REV-SMO	n's web page at
	4.	Report the gross amount of ore mined and waste moved.	
		Gross Ore Mined ————————————————————————————————————	
		Waste Material Moved ————————————————————————————————————	
	5.	New disturbance created during the year	Acres
			Acres
		Total Disturbed Area at the end of the year	Acres*
		*The total disturbed area should not be greater than the permitte	d/bonded acreage.
	6.	Briefly describe the reclamation work performed during the past reclaimed areas and dates is suggested.	year. A map showing
(now		reby certify the information provided in this report is true and cond belief.	orrect to the best of my
		Nome (Trined or Drint).	
		Name (Typed or Print):	
		Title of Operator:	
		Signature of Operator:	
b		Date:	
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